

Foster Family Home - Deficiency Report

Provider ID: 1-562654

Home Name: Victorina Agustin, CNA

94-149 Mokukaua Street

Waipahu

HI 96797

Review ID: 1-562654-11

Reviewer: David Ayling

Begin Date: 8/5/2021

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Home inspection for a 3 person CCFFH recertification. Corrective Action Report issued during home inspection with written plan of correction due to CTA by 9/5/21.

Foster Family Home

Background Checks

[11-800-8]

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(2) - APS/CAN for HHM #1 expired on 6/29/2020. Not obtained until 6/22/2021.

Foster Family Home

Records

[11-800-54]

54.(c)(5) Medication schedule checklist;

Comment:

54.(c)(5) - Medications not charted on the MAR since 8/1/2021 for all 3 clients.

David D. Ayling

Victorina Agustin

Primary Care Giver

Date

08/05/2021

Date

CTA RN Compliance Manager:

DAVID AYLTON, RN

Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-800

PCG's Name on CCFFH Certificate:

VICTORIA AGUSTIN

(PLEASE PRINT)

CCFFH Address:

94-144 Mokuakama St Waiipahu HI 96797

(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
8(a)(2)	I showed CTA a current APS/CAN on the day of my recertification	8/5/2021	I put the expiration date for APS/CAN for all CG's & HHM's on my calendar I will review every month
5AC(5)	Can't go back	8/5/21	I have updated the MAR for all clients, I will chart on the MAR by the end of the day every day

☒ All items that were fixed are attached to this CAP

PCG's Signature: Victoria Agustin

Date: 8/5/21

☒ CTA has reviewed all corrected items